

COPING TOWARDS DISABILITY

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ABSTRACT

A disability is any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines 'disability' as meaning a disability: which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments. Physical, mental, and social disability are defined. A socio medical scheme for disability research is presented. How physical and social disability is measured in general health surveys and in arthritis research is described and evaluated. Disability is an important public health problem especially in developing countries like India. The problem will increase in future because of increase in trend of non-communicable diseases and change in age structure with an increase in life expectancy. The issues are different in developed and developing countries, and rehabilitation measures should be targeted according the needs of the disabled with community participation. In India, a majority of the disabled resides in rural areas where accessibility, availability, and utilization of rehabilitation services and its cost-effectiveness are the major issues to be considered. Research on disability burden, appropriate intervention strategies and their implementation to the present context in India is a big challenge. Recent data was collected from Medline and various other sources and analyzed. The present research was initiated to study the status of awareness and utilization of the educational schemes for children with disability in the rural areas of Dharmapuri District, Tamilnadu.

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INTRODUCTION

A disability is an impairment that may be cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these. It substantially affects a person's

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life activities and may be present from birth or occur during a person's lifetime. India has a rich history of education. India is a huge country encompassing one billion people, of which 50 million are considered to be disabled or have special needs (Timmons & Alur, 2004). After Independence, education has been one of the important issues surrounding disability rights and practices.

In the Indian context, inclusion has been a much hyped but often abused term. The use of the words integration and inclusion interchangeably has to 2 conceptual as well as practical difficulties. An important turning point for issues surrounding people with disabilities was the National Policy on Education (1986). The policy aimed at making it *an effective instrument for taking the country into the 21st century*. It envisaged improvement and expansion of education in all sectors, elimination of disparities in access and stressed improvement in the quality and relevance of basic education. This policy for the first time included a section on disabilities (Section 4.9).

Any restriction or lack of ability to perform an activity in a manner or within the range considered normal for the human beings, resulting from impairment is termed as disability. Impairment concerns the physical aspects of health; disability is the loss of functional capacity resulting from an impairment organ; handicap is a measure of the social and cultural consequences of an impairment or disability. The types of disability include loco-motor, hearing, speech, visual and mental disability. Recent development is the International Classification of Functioning, Disability and Health developed by WHO in 2000 which has been used in the Multi-Country Survey Study during 2000 and 2001 and the World Health Survey Program in 2002 and 2003 to measure health status of the general population in 71 countries. The domains here are classified into body, individual, and societal perspectives by the conceptual components that includes body functions and structure, activity and participation along with contextual factors that includes a list of environmental and personal factors. The ICF considers that every human being can experience some degree of disability and it is a continuous process from attainable level of health. With this background, the paper discusses various issues and challenges related to disability and rehabilitation services in India.

There were 11, 79,963 disabled individuals in Tamil Nadu in 2011, a disability rate of 1635 per 100 000 population. Disability in movement, hearing and sight individually accounted for 24%, 19% and 11% of the total disability, respectively. Sixteen districts had disability rates above the state average. As age advanced, disability rates increased; the highest disability rate of 2533 per 100 000 was among people aged 60 years and above. The disability rates were higher in males compared to females (1819 v. 1451 per 100 000). Rural areas had higher disability areas compared to urban (1670 v. 1599 per 100 000).

1.1 Briefly, the Pertinent Areas Addressed in this Section Include

Education of children with disabilities is now an integral part of the international discourse, as noted in the Sustainable Development. “No education target should be considered met unless met by all. We therefore commit to making the necessary changes in education policies and focusing our efforts on the most disadvantaged, especially those with disabilities, to ensure that no one is left behind”.

The second section briefly describes the international and national frameworks that shape the political and legal scaffolding of inclusive education in India and discusses the

understanding and implementation of inclusive education within the country in the light of a social exclusion lens to help better decipher the complexity of disability

- Education of children with mild disabilities will be in regular schools.
- Children with severe disabilities will be in special schools with hostel facilities in district headquarters,
- Vocationalization of education will be initiated.
- Teacher training program will be reoriented to include education of disabled children.
- All voluntary efforts will be encouraged.
- What factors have shaped the increased focus on education for disabilities in government policies?
- How do the existing national policies address education for disabilities?
- What is the current educational status of disabilities, and how can the existing challenges be addressed?

The National Policy on Education (NPE) was revised in 1986 which includes under the heading. The Handicapped 'in Article 4.9 the following: The objective should be to integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence.

The Government of India formulated the National Policy for Persons with Disabilities in February 2006 which deals with Physical, Educational & Economic Rehabilitation of persons with disabilities. In addition the policy also focuses upon rehabilitation of women and children with disabilities, barrier free environment, social security, research etc. The National Policy recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides those equal opportunities, protection of their rights and full participation in society.

The following measures will be taken in this regard –

- (i) Wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of others.
- (ii) Special schools with hostels will be provided, as far as possible at district headquarters, for the severely handicapped children.

RESEARCH METHODOLOGY

The present research was initiated to study the status of awareness and utilization of the educational schemes for children with disability in the rural areas of Harur Taluk of Dharmapuri District, Tamilnadu.

2.1 Objectives of the Research

The objective of the research study area as following:

- 1) To find out the level of awareness among the parents of children with disabilities.
- 2) To identify the barriers and difficulties faced by the parents for availing benefits for their children with disabilities in rural areas.
- 3) To explore the role played by schools and concerned government officials with regard to generating awareness about and utilization of benefits by the children with disabilities.

2.2 Scope of the Study

The present study is limited to the children with disability and parents having children with disability of the Harur Taluk of Dharmapuri District, Tamilnadu. In this study, two types of person with disabilities i.e., Visually Impaired, Orthopedically Impaired are covered. This study basically understands the level of awareness about governmental educational schemes and program among the person with disability in the target areas of the research study. It is expected that the research study will help in effective recommendation of Education schemes of children with disability.

2.3 Area of Study

The present study has been conducted in Harur Taluk of Dharmapuri District, Tamilnadu. The population of Dharmapuri District 1,506,843. Total population of person with disability of Dharmapuri District is 2,523. There are various tools which the data from the respondents can be collected: The most commonly used method in the research is the interview schedule method. There are two broad categories in which the interview method can be divide; the structured interview and semi-structure interview. The present study aims to explore and analyze the ground realities in rural sectors. Accordingly, a semi-structured quantitative interview schedule would be drawn up for data collection. The sample size of the study would consist of 30 parents of children with disabilities by using simple random sampling. The respondents were drawn from Harur Taluk of Dharmapuri District, Tamilnadu.

RESULT AND DISCUSSION

Table – 1: Socio – Economic Characteristics of the Respondents

(N = 30)

Variables	Characteristics	No. of Respondents	Percentage
Age Group	1 to 5 years	10	33.33
	6 to 10 years	8	26.67
	11 to 15 years	9	30
	Above 16	3	10
Education	Illiterates	3	10
	Primary	11	36.67
	Secondary	13	43.33
	Graduate	3	10
Education of Parents	Illiterates	18	60
	Primary	7	23.33
	Secondary	5	16.67
Family Type	Joint	8	26.67
	Nuclear family	22	73.33

Caste	BC	15	50
	SC	6	20
	General	9	30
Housing Status	Own	18	60
	Rented	11	36.67
	Govt. Housing Scheme	1	3.33
Housing Pattern	Thatched	23	76.67
	Govt. Housing Scheme	1	3.33
	Tiled	6	20

The above table shows the demographic profile of the respondents. In the age level 33.33 per cent of the respondents belongs to 1-5 years age category followed by 30 per cent of the respondents belongs to 11-15 years age category and 26.67 per cent of the respondents belongs to 1-5 years age category. Finally 10 per cent of the respondents belongs to above 16 years age category.

Regarding to the education level of the respondents, out of 30 children with disability, 43.33% of them were completed secondary education, followed by 36.67% of them were completed primary education and 10 per cent of the respondents were completed Graduation. The remaining 10 per cent of the respondents remain illiterates.

With respect to the educational level of their parents, The Parents are more attached and play an important role in the upbringing of the child so it becomes imperative that the parents should be educated. the parents is found to have low literacy levels due to which he is not much aware and is able to access the schemes available for his children. More than 60% of the respondent's parents were illiterates. 23.33% respondent's parents were completed primary level. 16.67% respondent's parents were completed secondary level education. All of respondent belong to State government primary and Secondary School.

Regarding family level of the respondents, the trend towards nuclear family is found more in the respondent. Child with disability feels much comfort within their family. Out of 30 respondents reviewed and it is found that 73.33% of them were Nuclear family and 26.67% of them were Joint family.

In caste level of the respondents, out of 30 respondents, more than 50% of the respondents belong to BC caste and 20% of the respondents belong to SC General Caste and 30% of the respondents belongs to general category.

With respect to the housing status of the respondents, More than half (50%) of the respondents were living in Own house. Followed by (36.67%) of the respondents living in rented house and finally very few of (3.33%) of the respondent living under Government Housing Scheme. In that the majority of the respondents (76.67%) were living in thatched house, because their standard of living is very low. Followed by (20%) of them were living in Tiled house. The remaining (3.33%) of them were living in Government Housing Scheme.

Table – 2: *Distributions of Respondents by Type of Disability*

Types	Frequency	Percentage (%)
Orthopedic	21	70
Visual	9	30
Total	30	100

The above table shows, out of 30 respondents 70% of Children belongs to orthopedically handicapped, 30% of Children belongs to Visually Impairment. The researcher selects only orthopedically handicapped and Visually Impairment.

Table – 3: *Distributions of Respondents by Levels of Disability*

Levels of Disability	Frequency	Percentage
Severity	11	36.67
Moderate	17	56.67
Mild	2	6.66
Total	30	100

In disability level, out of 30 respondents 36.67% of children suffering from severity disability, 56.67% of children suffering from moderate disability followed by 6.66% children suffering from mild disability.

Table – 4: *Distributions of Respondents by Having Disability Certificate*

Disability Certificate	Frequency	Percentage
Having	27	90
Not Having	3	10
Total	30	100

To making a disability certificate is very tough for working class as well as rural illiterate people. The process which involves making certificate that needs to be understood. Disability certificate is issued in Block Office or District medical hospital. From the above the Table 4.9 it can be understood 90%of the respondents were having National Disability Certificate, 10% of the respondents were not having National Disability Certificate.

Table – 5: *Distributions of Respondents by Awareness about Scholarship for Disability*

Awareness about Scholarship	Frequency	Percentage
Aware	20	66.67
Not Aware	10	33.33
Total	30	100

Ministry of Social Justice & Empowerment (Government of India) provide Scheme of National scholarship for Person with disabilities. Above table clearly indicates that 66.67% of respondents aware about scholarship and only 33.33% of respondents not aware about scholarship schemes regarding disabled people.

Table – 6: *Distributions of Respondents by Utilization of Scheme*

Utilization	Frequency	Percentage (%)
Utilize	19	63.33
Not Utilize	11	36.67
Total	30	100

Out of 30 respondent only 63.33% respondent utilizing scholarship and only 36.67% children not utilize scholarship. Researcher observed that no single respondent utilize frequently scholarship. School authority expresses that we don't get sufficient fund from higher authority so unable to distribute scholarship.

Table – 7: *Distributions of Respondents by Awareness about Reservation*

Awareness	Frequency	Percentage
Not Aware	7	23.34
Partial Aware	9	30
Full Aware	4	13.33
Total	30	100

India has opened government jobs to differently abled with learning disabilities, autism and victims of acid attacks. The government has spelt out the rules for employing differently, increased the reservation from 3% to 4% and reserved government jobs for persons with autism, Down syndrome, intellectual disabilities, specific learning disabilities and acid attack victims. In the reservation level, Out of 30 respondent 64.71% not aware about reservation, 29.41% partial aware followed by 5.88% fully aware about reservation of disability.

CONCLUSION

Disability is a complex social issue and it is increasingly becoming a major concern all over the world. The number of disabled people is increasing across the world due to various reasons. Disabled people comprise a significant minority in most countries and their number also constitutes one of the largest minorities in the world. Traditionally, disability has long been considered to be an index of marginality. Implementation of these Competencies, and strategies, will build a stronger public health workforce skilled in ways to include people with disabilities. As far as awareness of scheme is concern they are saying that they also don't know about such scheme and proper instruction and information is not provided by higher authority. It is found that very less technology is being provided to disabled children such as hearing aid, brail and other facilities like rickshaw, modified chair etc is not distributed properly, and it is available in district office. Due to illiteracy most of the time people don't what sort of schemes is available through which they can be benefited. Sometimes they also don't understand the importance of schemes which can be helpful. In context of rural area, various process involve to accessing schemes and program. Illiterate people unable to access and sometimes it is used by non targeted person.

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